

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac St.

Suite 400

☐ Check if different  
than previously  
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00042622

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report(Q1)
- ☐ July 15  
Quarterly Report(Q2)
- ☐ October 15  
Quarterly Report(Q3)
- ☐ January 31  
Quarterly Report(YE)
- ☐ July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2010

through

07

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Anderson

Signature of Treasurer

Electronically Filed by Brent Anderson

Date

10

16

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M M  
0 7D D  
0 1Y Y Y Y  
2 0 1 0

To:

M M  
0 7D D  
3 1Y Y Y Y  
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2010</span>		77412.05
(b) Cash on Hand at Beginning of Reporting Period .....	837524.90	
(c) Total Receipts (from Line 19) .....	19340.50	2103571.75
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	856865.40	2180983.80
7. Total Disbursements (from Line 31) .....	469634.12	1793752.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	387231.28	387231.28
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	5660.20	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	W	Y
0	7	3	1	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) .....	60250.00	1139821.50
(ii) Unitemized .....	-49557.50	56370.88
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	10692.50	1196192.38
(b) Political Party Committees .....	0.00	55.00
(c) Other Political Committees (such as PACs) .....	5500.00	37422.37
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	16192.50	1233669.75
12. Transfers From Affiliated/Other Party Committees .....	3148.00	869902.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	19340.50	2103571.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	19340.50	2103571.75

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	82841.14	637116.44	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	82841.14	637116.44	
22. Transfers to Affiliated/Other Party Committees.....	318000.00	318000.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	677026.52	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	68792.98	161609.56	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	68792.98	161609.56	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	469634.12	1793752.52	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	469634.12	1793752.52	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	16192.50	1233669.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16192.50	1233669.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	82841.14	637116.44
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	82841.14	637116.44

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Theodore Cutler

Mailing Address 33 Commonwealth Ave.

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Interface Group

Occupation  
Travel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 6 / 2 0 1 0

Transaction ID: 00820.C184556

Amount of Each Receipt this Period

10000.00

**B.**

Full Name (Last, First, Middle Initial)

Steven Dodge

Mailing Address 239 Summer St.

City

Manchester

State

MA

Zip Code

01944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windover Development LLC

Occupation  
Real Estate/Construction

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 8 / 2 0 1 0

Transaction ID: 00720.C184361

Amount of Each Receipt this Period

10000.00

**C.**

Full Name (Last, First, Middle Initial)

Arthur Epstein

Mailing Address 14 Foster St.

City

Marblehead

State

MA

Zip Code

01945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wakefield Management

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 8 / 2 0 1 0

Transaction ID: 00820.C184672

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

25000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Deborah Gilbert

Mailing Address 42 Little Pond Rd

City

Merrimac

State

MA

Zip Code

01860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 1 0

Transaction ID: 00820.C184799

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Arthur Gutierrez

Mailing Address 8 Claridge Drive

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 8 / 2 0 1 0

Transaction ID: 00820.C184684

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Norman Knight

Mailing Address 63 Bay State Rd.

City

Boston

State

MA

Zip Code

02215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Knight Communications Cor-  
p.

Occupation

Communications Exec.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 9 / 2 0 1 0

Transaction ID: 00720.C184464

Amount of Each Receipt this Period

15000.00

**SUBTOTAL** of Receipts This Page (optional) .....

20200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Melissa Lucas

Mailing Address 22 Slayton Road

City

Melrose

State

MA

Zip Code

02176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 0

Transaction ID: 00720.C184365

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Robert White

Mailing Address 23 Chadwick Road

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bain Capital

Occupation

Executive

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 1 0

Transaction ID: 00720.C184255

Amount of Each Receipt this Period

15000.00

**SUBTOTAL** of Receipts This Page (optional) .....

15050.00

**TOTAL** This Period (last page this line number only) .....

60250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 42

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

General Electric PAC

Mailing Address 1299 Pennsylvania Ave, NW  
Suite 900

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C** C00024869

Name of Employer  
PAC

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 29 / 2010

Transaction ID: 01016.C186669

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

MASS Mutual Life PAC

Mailing Address 1295 State St.

City State Zip Code  
Springfield MA 01111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2010

Transaction ID: 00720.C184254

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

5500.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 42

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Republican National Committee

Mailing Address 310 First Street SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.**C**

C00003418

Name of Employer  
Political Committee

Occupation

FEC ID: C00003418

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

35732.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 1 0

Transaction ID: 00820.C185291

Amount of Each Receipt this Period

3148.00

SUBTOTAL of Receipts This Page (optional) .....

3148.00

TOTAL This Period (last page this line number only) .....

3148.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Republican National Committee

Mailing Address 310 First Street SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
see line 12: in-kind transfer

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00820.E12402

Date of Disbursement

07 / 01 / 2010

Amount of Each Disbursement this Period

3148.00

**B.**

Full Name (Last, First, Middle Initial)

Jody Blais

Mailing Address 1420 County Street

City  
Attleboro

State  
MA

Zip Code  
02703

Purpose of Disbursement  
reimbursement for event related costs

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00820.E12401

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

840.06

**C.**

Full Name (Last, First, Middle Initial)

Tara Esfahanian

Mailing Address 177 Upham St.

City  
Melrose

State  
MA

Zip Code  
02176

Purpose of Disbursement  
fundraising consulting fee party related

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00820.E12384

Date of Disbursement

07 / 08 / 2010

Amount of Each Disbursement this Period

4000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7988.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Tara Esfahanian

Mailing Address 177 Upham St.

City  
Melrose

State  
MA

Zip Code  
02176

Purpose of Disbursement  
fundraising consulting fee party related

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00820.E12385

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Tara Esfahanian

Mailing Address 177 Upham St.

City  
Melrose

State  
MA

Zip Code  
02176

Purpose of Disbursement  
fundraising consulting fee party related

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00820.E12386

Date of Disbursement

07 / 22 / 2010

Amount of Each Disbursement this Period

4000.00

C.

Full Name (Last, First, Middle Initial)

Tara Esfahanian

Mailing Address 177 Upham St.

City  
Melrose

State  
MA

Zip Code  
02176

Purpose of Disbursement  
fundraising consulting fee party related

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00820.E12387

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

2729.00

**SUBTOTAL** of Disbursements This Page (optional) .....

9229.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Susan Keene

Mailing Address 76 Locksley Rd.

City  
Lynnfield

State  
MA

Zip Code  
01940

Purpose of Disbursement  
Accounting consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12345

Date of Disbursement

07 / 08 / 2010

Amount of Each Disbursement this Period

2424.35

B.

Full Name (Last, First, Middle Initial)

Susan Keene

Mailing Address 76 Locksley Rd.

City  
Lynnfield

State  
MA

Zip Code  
01940

Purpose of Disbursement  
accounting services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12346

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

677.50

C.

Full Name (Last, First, Middle Initial)

Nathan Little

Mailing Address 83 Congreeve

City  
Boston

State  
MA

Zip Code  
02131

Purpose of Disbursement  
reimbursement for phone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12364

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

100.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3201.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Nathan Little

Mailing Address 83 Congreeve

City  
Boston

State  
MA

Zip Code  
02131

Purpose of Disbursement  
reimbursement for parking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00820.E12365

Date of Disbursement

/   /

Amount of Each Disbursement this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Melissa Lucas

Mailing Address 22 Slayton Road

City  
Melrose

State  
MA

Zip Code  
02176

Purpose of Disbursement  
fundraising consulting fee party related

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00820.E12359

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6668.00

**C.**

Full Name (Last, First, Middle Initial)

Melissa Lucas

Mailing Address 22 Slayton Road

City  
Melrose

State  
MA

Zip Code  
02176

Purpose of Disbursement  
fundraising consulting fee party related

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00820.E12360

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

9293.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Magan Munson

Mailing Address 209 bunker hill st  
Apt 1

City Boston State MA Zip Code 02129

Purpose of Disbursement  
reimbursement for phone travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12350

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

319.87

B.

Full Name (Last, First, Middle Initial)

William Walker

Mailing Address 24 Sidlaw Road Apt 3

City Brighton State MA Zip Code 02135

Purpose of Disbursement  
reimbursement for phone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12398

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

136.66

C.

Full Name (Last, First, Middle Initial)

Boston Postmaster

Mailing Address 25 Dorchester Ave

City Boston State MA Zip Code 02109

Purpose of Disbursement  
postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12373

Date of Disbursement

07 / 07 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

2456.53

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Kauppi Communications

Mailing Address 27 Townly Road

City  
Watertown

State  
MA

Zip Code  
02472

Purpose of Disbursement  
communications consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00820.E12344

Date of Disbursement

07 / 08 / 2010

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

Konica Minolta Business Systems

Mailing Address P.O. Box 7247-0322

City  
Philadelphia

State  
PA

Zip Code  
19170

Purpose of Disbursement  
copier lease

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00820.E12349

Date of Disbursement

07 / 08 / 2010

Amount of Each Disbursement this Period

782.83

C.

Full Name (Last, First, Middle Initial)

Obrien Communications

Mailing Address PO Box 659

City  
Wrentham

State  
MA

Zip Code  
02093

Purpose of Disbursement  
telephone service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00820.E12368

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

240.00

SUBTOTAL of Disbursements This Page (optional) .....

4022.83

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Ox-Eye Properties

Mailing Address c/o Massey & Co.  
85 Merrimac Street

City Boston State MA Zip Code 02114

Purpose of Disbursement  
rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00820.E12369

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

523.73

**B.**

Full Name (Last, First, Middle Initial)

Ox-Eye Properties

Mailing Address c/o Massey & Co.  
85 Merrimac Street

City Boston State MA Zip Code 02114

Purpose of Disbursement  
rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00820.E12370

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

4434.00

**C.**

Full Name (Last, First, Middle Initial)

Poland Spring

Mailing Address Processing Center  
PO Box 52271

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Bottled Water

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00820.E12372

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

108.77

**SUBTOTAL** of Disbursements This Page (optional) .....

5066.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Postmaster- US Post Office

Mailing Address 25 Dorchester Avenue

City  
Boston

State  
MA

Zip Code  
02205

Purpose of Disbursement  
postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00820.E12394

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7480.00

**B.**

Full Name (Last, First, Middle Initial)

Postmaster- US Post Office

Mailing Address 25 Dorchester Avenue

City  
Boston

State  
MA

Zip Code  
02205

Purpose of Disbursement  
BRE payment

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00820.E12395

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

SCM Associates

Mailing Address Steve Meyers  
1283 Main Street

City  
Dublin

State  
NH

Zip Code  
03444

Purpose of Disbursement  
direct mail fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00820.E12375

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5689.12

**SUBTOTAL** of Disbursements This Page (optional) .....

13269.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

SCR & Associates, LLC

Mailing Address 4 Leblanc Dr

City  
Danvers

State  
MA

Zip Code  
01923

Purpose of Disbursement  
fundraising consulting fee party related

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12376

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

6000.00

B.

Full Name (Last, First, Middle Initial)

Seaport Hotel

Mailing Address 1 Seaport Lane

City  
Boston

State  
MA

Zip Code  
02114

Purpose of Disbursement  
Fundraising event fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12377

Date of Disbursement

07 / 08 / 2010

Amount of Each Disbursement this Period

7779.41

C.

Full Name (Last, First, Middle Initial)

Semcasting Inc

Mailing Address 300 Brickstone Square

City  
Andover

State  
MA

Zip Code  
01810

Purpose of Disbursement  
Voter ID party related

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12378

Date of Disbursement

07 / 08 / 2010

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional) .....

17779.41

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Semcasting Inc

Mailing Address 300 Brickstone Square

City Andover State MA Zip Code 01810

Purpose of Disbursement  
voter ID party related

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12379

Date of Disbursement

07 / 22 / 2010

Amount of Each Disbursement this Period

4000.00

B.

Full Name (Last, First, Middle Initial)

Sprint/Nextel

Mailing Address PO Box 17990

City Denver State CO Zip Code 80217

Purpose of Disbursement  
cell phone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12380

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

83.73

C.

Full Name (Last, First, Middle Initial)

Staples, Inc.

Mailing Address

City Des Moines State IA Zip Code 50368

Purpose of Disbursement  
office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12381

Date of Disbursement

07 / 08 / 2010

Amount of Each Disbursement this Period

1116.80

SUBTOTAL of Disbursements This Page (optional) .....

5200.53

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Staples, Inc.

Mailing Address

City  
Des Moines

State  
IA

Zip Code  
50368

Purpose of Disbursement  
office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12382

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2903.33

B.

Full Name (Last, First, Middle Initial)

Stubblebine Company

Mailing Address One Cranberry Hill

City  
Lexington

State  
MA

Zip Code  
02421

Purpose of Disbursement  
room rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12390

Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 1

City  
Worcester

State  
MA

Zip Code  
01654

Purpose of Disbursement  
office phones

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12396

Date of Disbursement

/   /

Amount of Each Disbursement this Period

400.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3603.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 1

City  
Worcester

State  
MA

Zip Code  
01654

Purpose of Disbursement  
phone service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12397

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1414.68

SUBTOTAL of Disbursements This Page (optional) .....

1414.68

TOTAL This Period (last page this line number only) .....

82524.84

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 42

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Massachusetts Republican Party

Mailing Address 85 MERRIMAC ST  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
OVER-CONTRIBUTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00820.E12403

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

243000.00

The names and amounts in  
the transfer are filed on  
a 'Form 99'

B.

Full Name (Last, First, Middle Initial)

Massachusetts Republican Party

Mailing Address 85 MERRIMAC ST  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
Over-Contributions

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.1

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

60000.00

C.

Full Name (Last, First, Middle Initial)

Massachusetts Republican Party

Mailing Address 85 MERRIMAC ST  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
Over-Contributions

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.2

Date of Disbursement

07 / 27 / 2010

Amount of Each Disbursement this Period

5000.00

Ted Cutler \$5,000

SUBTOTAL of Disbursements This Page (optional) .....

308000.00

TOTAL This Period (last page this line number only) .....

B. Form/Schedule : **SB22**  
Transaction ID : **SB.1**

Dale Bearden \$5,000, Joel Cutler \$5,000, Paul Edgerley \$5,000, Jay Gellert \$5,000, Jane Gnazzo \$1,000, John Hailer \$5,000, Robert Higgins \$5,000, Betty Knott \$1,000, Paul Marcus \$5,000, Betty McManus \$1,000, James McManus \$1,000, Albert Merck \$5,000, Peter Monaco \$5,000, Sarah Monaco \$5,000, John Moriarty \$5,000, Mary Ann Tocio \$1,000



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Massachusetts Republican Party

Mailing Address 85 MERRIMAC ST  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
Over-Contribution

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.3

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 2 7 / 2 0 1 0

Amount of Each Disbursement this Period

10000.00

Steve Dodge \$5,000, Norman  
Knight \$5,000

SUBTOTAL of Disbursements This Page (optional) .....

10000.00

TOTAL This Period (last page this line number only) .....

318000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) BFSdaniels BFSdaniels</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00820.E12323</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>223.13</div> </p> <p>Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Tim Buckley</p> <p>Mailing Address 55 W Broadway #8</p> <p>City State Zip Code Boston MA 02127</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00820.E12391</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 2 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>1002.13</div> </p> <p>Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Ryan Coleman</p> <p>Mailing Address 9 Stearms Street</p> <p>City State Zip Code Swampscott MA 01907</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00820.E12374</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 2 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>979.03</div> </p> <p>Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2204.29**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Tarah Donoghue Mailing Address 3 Main Street	<b>Transaction ID:</b> 00820.E12388 <b>Date of Disbursement</b> <div> <div>07</div> <div>08</div> <div>2010</div> </div>
City Dover State MA Zip Code 02030 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1547.28</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Tarah Donoghue Mailing Address 3 Main Street City Dover State MA Zip Code 02030 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 00820.E12389 <b>Date of Disbursement</b> <div> <div>07</div> <div>22</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1538.70</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Anthony Ferrucci Mailing Address 62 Dwight St. Apt. #1 City Brookline State MA Zip Code 02446 Purpose of Disbursement reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 00820.E12315 <b>Date of Disbursement</b> <div> <div>07</div> <div>22</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>105.97</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3191.95**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Anthony Ferrucci

Mailing Address 62 Dwight St. Apt. #1

City State Zip Code  
 Brookline MA 02446

Purpose of Disbursement  
 payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12316

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 07 08 2010

Amount of Each Disbursement this Period

630.69

B.

Full Name (Last, First, Middle Initial)

Anthony Ferrucci

Mailing Address 62 Dwight St. Apt. #1

City State Zip Code  
 Brookline MA 02446

Purpose of Disbursement  
 payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12317

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 07 22 2010

Amount of Each Disbursement this Period

630.69

C.

Full Name (Last, First, Middle Initial)

Kaitlyn Greeley

Mailing Address 34 Fresno St.

City State Zip Code  
 Boston MA 02131

Purpose of Disbursement  
 Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12341

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 07 15 2010

Amount of Each Disbursement this Period

183.78

**SUBTOTAL** of Disbursements This Page (optional) .....

1445.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Kaitlyn Greeley

Mailing Address 34 Fresno St.

City  
Boston

State  
MA

Zip Code  
02131

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12342

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1032.32

B.

Full Name (Last, First, Middle Initial)

Kaitlyn Greeley

Mailing Address 34 Fresno St.

City  
Boston

State  
MA

Zip Code  
02131

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12343

Date of Disbursement

/   /

Amount of Each Disbursement this Period

960.33

C.

Full Name (Last, First, Middle Initial)

Kirsten Hughes

Mailing Address 72 Davis Street

City  
Quincy

State  
MA

Zip Code  
02170

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12347

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1092.58

**SUBTOTAL** of Disbursements This Page (optional) .....

3085.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Kirsten Hughes

Mailing Address 72 Davis Street

City Quincy State MA Zip Code 02170

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12348

Date of Disbursement

07 / 22 / 2010

Amount of Each Disbursement this Period

1018.67

B.

Full Name (Last, First, Middle Initial)

Nick Lehr

Mailing Address 38 Saunders Rd.

City Boston State MA Zip Code 02134

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12367

Date of Disbursement

07 / 22 / 2010

Amount of Each Disbursement this Period

1002.13

C.

Full Name (Last, First, Middle Initial)

Nathan Little

Mailing Address 83 Congreeve

City Boston State MA Zip Code 02131

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12366

Date of Disbursement

07 / 22 / 2010

Amount of Each Disbursement this Period

2145.65

SUBTOTAL of Disbursements This Page (optional) .....

4166.45

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Magan Munson

Mailing Address 209 bunker hill st  
Apt 1

City Boston State MA Zip Code 02129

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12351

Date of Disbursement

07 / 08 / 2010

Amount of Each Disbursement this Period

1222.90

B.

Full Name (Last, First, Middle Initial)

Magan Munson

Mailing Address 209 bunker hill st  
Apt 1

City Boston State MA Zip Code 02129

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12352

Date of Disbursement

07 / 22 / 2010

Amount of Each Disbursement this Period

1142.83

C.

Full Name (Last, First, Middle Initial)

Jennifer Nassour

Mailing Address 49 Chelsea St., Unit C1-307

City Boston State MA Zip Code 02129

Purpose of Disbursement  
Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12338

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

80.60

SUBTOTAL of Disbursements This Page (optional) .....

2446.33

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Jennifer Nassour

Mailing Address 49 Chelsea St., Unit C1-307

City State Zip Code  
Boston MA 02129

Purpose of Disbursement  
reimbursement: see below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00820.E12339

Date of Disbursement

/   /

Amount of Each Disbursement this Period

244.81

**B.**

Full Name (Last, First, Middle Initial)

Michael Rigas

Mailing Address 24 Concord Ave, Apt 415

City State Zip Code  
Cambridge MA 02138

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00820.E12361

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1523.41

**C.**

Full Name (Last, First, Middle Initial)

Michael Rigas

Mailing Address 24 Concord Ave, Apt 415

City State Zip Code  
Cambridge MA 02138

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00820.E12362

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1523.41

**SUBTOTAL** of Disbursements This Page (optional) .....

3291.63

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) William Walker	<b>Transaction ID:</b> 00820.E12399 <b>Date of Disbursement</b>
Mailing Address 24 Sidlaw Road Apt 3	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 8 / 2 0 1 0</div> </div>
City Brighton State MA Zip Code 02135	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement payroll Candidate Name	<div>1418.13</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) William Walker	<b>Transaction ID:</b> 00820.E12400 <b>Date of Disbursement</b>
Mailing Address 24 Sidlaw Road Apt 3	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 2 / 2 0 1 0</div> </div>
City Brighton State MA Zip Code 02135	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement payroll Candidate Name	<div>1418.14</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Yacobian	<b>Transaction ID:</b> 00820.E12363 <b>Date of Disbursement</b>
Mailing Address Tabor Academy Young Republicans 66 Spring Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 2 / 2 0 1 0</div> </div>
City Marion State MA Zip Code 02738	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement payroll Candidate Name	<div>979.03</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**3815.30**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
A.I.M. Mutual Insurance Company

Mailing Address PO Box 3500-59

City State Zip Code  
Boston MA 02241

Purpose of Disbursement  
workman comp renewal

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00820.E12310

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 29 2010

Amount of Each Disbursement this Period

237.00

**B.** Full Name (Last, First, Middle Initial)  
Advantage Payroll Services

Mailing Address 747 Main Street #222

City State Zip Code  
Concord MA 01742

Purpose of Disbursement  
Payroll Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00820.E12311

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 08 2010

Amount of Each Disbursement this Period

3780.93

**C.** Full Name (Last, First, Middle Initial)  
Advantage Payroll Services

Mailing Address 747 Main Street #222

City State Zip Code  
Concord MA 01742

Purpose of Disbursement  
Payroll services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00820.E12312

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 08 2010

Amount of Each Disbursement this Period

89.50

**SUBTOTAL** of Disbursements This Page (optional) .....

4107.43

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Advantage Payroll Services	<b>Transaction ID:</b> 00820.E12313 <b>Date of Disbursement</b>
Mailing Address 747 Main Street #222	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 2 / 2 0 1 0</div> </div>
City Concord State MA Zip Code 01742	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll expenses Candidate Name	<div> <div>6125.41</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Advantage Payroll Services	<b>Transaction ID:</b> 00820.E12314 <b>Date of Disbursement</b>
Mailing Address 747 Main Street #222	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 2 / 2 0 1 0</div> </div>
City Concord State MA Zip Code 01742	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement payroll services Candidate Name	<div> <div>107.59</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Bank of America	<b>Transaction ID:</b> 00820.E12320 <b>Date of Disbursement</b>
Mailing Address 104 Canal Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 1 / 2 0 1 0</div> </div>
City Boston State MA Zip Code 02114	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement bank service charge Candidate Name	<div> <div>74.99</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**6307.99**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 104 Canal Street

City  
Boston

State  
MA

Zip Code  
02114

Purpose of Disbursement  
bank fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12321

Date of Disbursement

/   /

Amount of Each Disbursement this Period

422.69

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 104 Canal Street

City  
Boston

State  
MA

Zip Code  
02114

Purpose of Disbursement  
wire transfer fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12322

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Blue Cross Blue Shield of Massachusetts

Mailing Address Landmark Center  
401 Park Drive

City  
Boston

State  
MA

Zip Code  
02215

Purpose of Disbursement  
Health Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12324

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1442.19

**SUBTOTAL** of Disbursements This Page (optional) .....

1889.88

**TOTAL** This Period (last page this line number only) .....

	21b		22		23		24		25		26
	27		28a		28b		28c		29	X	30b

Massachusetts Republican State Congressional Committee

State:  District:

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 42

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Comcast

Mailing Address PO Box 196

City  
Newark

State  
NJ

Zip Code  
07101

Purpose of Disbursement  
cable bill

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12328

Date of Disbursement

/   /

Amount of Each Disbursement this Period

114.90

B.

Full Name (Last, First, Middle Initial)

Comcast

Mailing Address PO Box 196

City  
Newark

State  
NJ

Zip Code  
07101

Purpose of Disbursement  
cable bill

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12329

Date of Disbursement

/   /

Amount of Each Disbursement this Period

114.90

C.

Full Name (Last, First, Middle Initial)

DirecTV

Mailing Address PO Box 60036

City  
Los Angeles

State  
CA

Zip Code  
90060

Purpose of Disbursement  
Satellite TV

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 00820.E12330

Date of Disbursement

/   /

Amount of Each Disbursement this Period

49.34

**SUBTOTAL** of Disbursements This Page (optional) .....

279.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 42

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Exact Target, Inc.

Mailing Address Dept ch 17808

City  
Palatine

State  
IL

Zip Code  
60055

Purpose of Disbursement  
Email marketing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00820.E12332

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4365.01

**B.**

Full Name (Last, First, Middle Initial)

Exeter Group, Inc

Mailing Address 1 Canal Park

City  
Cambridge

State  
MA

Zip Code  
02141

Purpose of Disbursement  
IT consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00820.E12331

Date of Disbursement

/   /

Amount of Each Disbursement this Period

17205.26

**C.**

Full Name (Last, First, Middle Initial)

Fedex

Mailing Address 2 Center Plaza

City  
Boston

State  
MA

Zip Code  
02108

Purpose of Disbursement  
Shipping

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00820.E12333

Date of Disbursement

/   /

Amount of Each Disbursement this Period

71.94

**SUBTOTAL** of Disbursements This Page (optional) .....

21642.21

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Fedex

Mailing Address 2 Center Plaza

City  
Boston

State  
MA

Zip Code  
02108

Purpose of Disbursement  
shipping

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00820.E12334

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 29 / 2010

Amount of Each Disbursement this Period

81.68

**B.**

Full Name (Last, First, Middle Initial)

Fedex

Mailing Address 2 Center Plaza

City  
Boston

State  
MA

Zip Code  
02108

Purpose of Disbursement  
shipping

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00820.E12335

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 29 / 2010

Amount of Each Disbursement this Period

51.91

**C.**

Full Name (Last, First, Middle Initial)

FLS Connect

Mailing Address 7300 Hudson Blvd. Ste

City  
Saint Paul

State  
MN

Zip Code  
55128

Purpose of Disbursement  
telemarketing party related

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00820.E12336

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 15 / 2010

Amount of Each Disbursement this Period

7960.84

**SUBTOTAL** of Disbursements This Page (optional) .....

8094.43

**TOTAL** This Period (last page this line number only) .....

68792.98



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 41 / 42

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 FLS Connect

 Nature of Debt (Purpose):  
 Original Debt for telemar-  
 keting non-fea

Mailing Address 7300 Hudson Blvd. Ste

City	State	ZIP Code
Saint Paul	MN	55128

Outstanding Balance Beginning This Period

3910.20

Transaction ID: LS91217.E11763

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3910.20

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Lexis-Nexis

 Nature of Debt (Purpose):  
 Original debt for research  
 party related

Mailing Address PO Box 7247-7090

City	State	ZIP Code
Philadelphia	PA	19170

Outstanding Balance Beginning This Period

250.00

Transaction ID: LS90513.E11275

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Lexis-Nexis

 Nature of Debt (Purpose):  
 Original debt for research  
 party related

Mailing Address PO Box 7247-7090

City	State	ZIP Code
Philadelphia	PA	19170

Outstanding Balance Beginning This Period

250.00

Transaction ID: LS90513.E11276

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

1) **SUBTOTALS** This Period This Page (optional).....

4410.20

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 42 / 42

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor**  
 Lexis-Nexis

 Nature of Debt (Purpose):  
 Original debt for research  
 party related

Mailing Address PO Box 7247-7090

City	State	ZIP Code
Philadelphia	PA	19170

Outstanding Balance Beginning This Period

1250.00

Transaction ID: LS90513.E11277

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

1250.00

2) **TOTALS** This Period (last page this line number only)..... ▶

5660.20

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

5660.20